

Reaching into the Tool Box of Mental Health Tools

Primary Care of People with Developmental Disabilities
Canadian Consensus Guidelines

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Director of Health Services Tennessee Department of
Intellectual and Developmental Disabilities.



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Shirley's Background Information

Worked in the field of developmental disabilities for most of my nursing career

- Three adult residential institutions
- Primary care
- School setting and adult day care
- Surrey Place Centre
- Currently PhD student in Learning Disability Nursing at University of Glamorgan Wales



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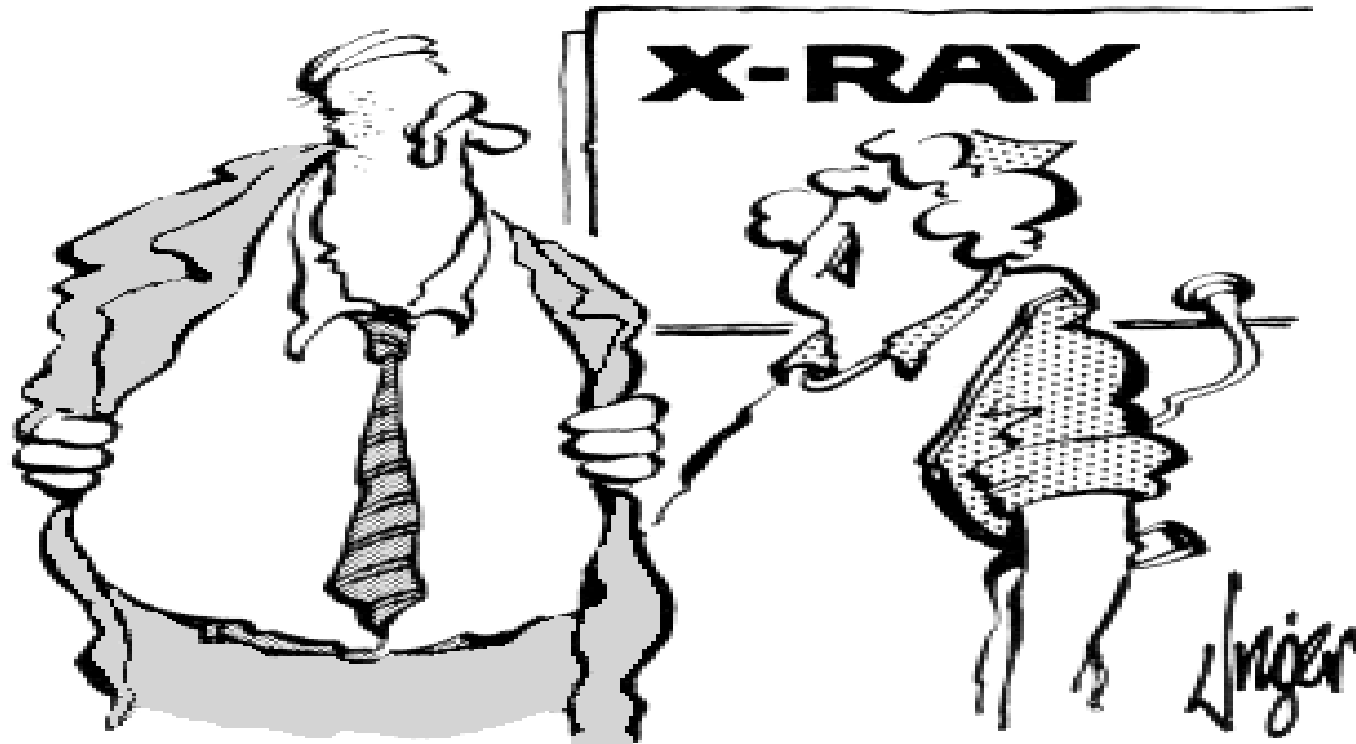
Dr. Cheetham's Background

- Houseparent in a group home during medical school
- Primary medical care in three adult residential institutions
- Family medicine practice
- Medical Director at Orange Grove Chattanooga TN
- Family physician at Surrey Place Centre and Central West Specialized Development Services
- Director of Health Services Tennessee Department of Intellectual and Developmental Disabilities Nashville TN



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“Don't bother undressing. I'll turn up the power.”



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“Do you want to speak to the man in charge—or the nurse who knows what’s going on?”



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Case study for following one of the tools

A Guide to Understanding Behavioural Problems and Emotional Concerns

Linda is 19 year old young lady diagnosed with autism

She attends her local school and has done quite well in her classroom

In the past has been a talented artist but recently has not been able to enjoy her art

Using the Formulation to see how the team approached

what she presented and some of the solutions

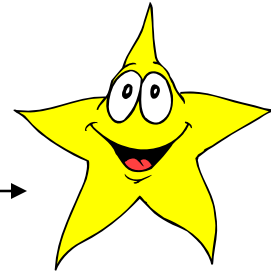
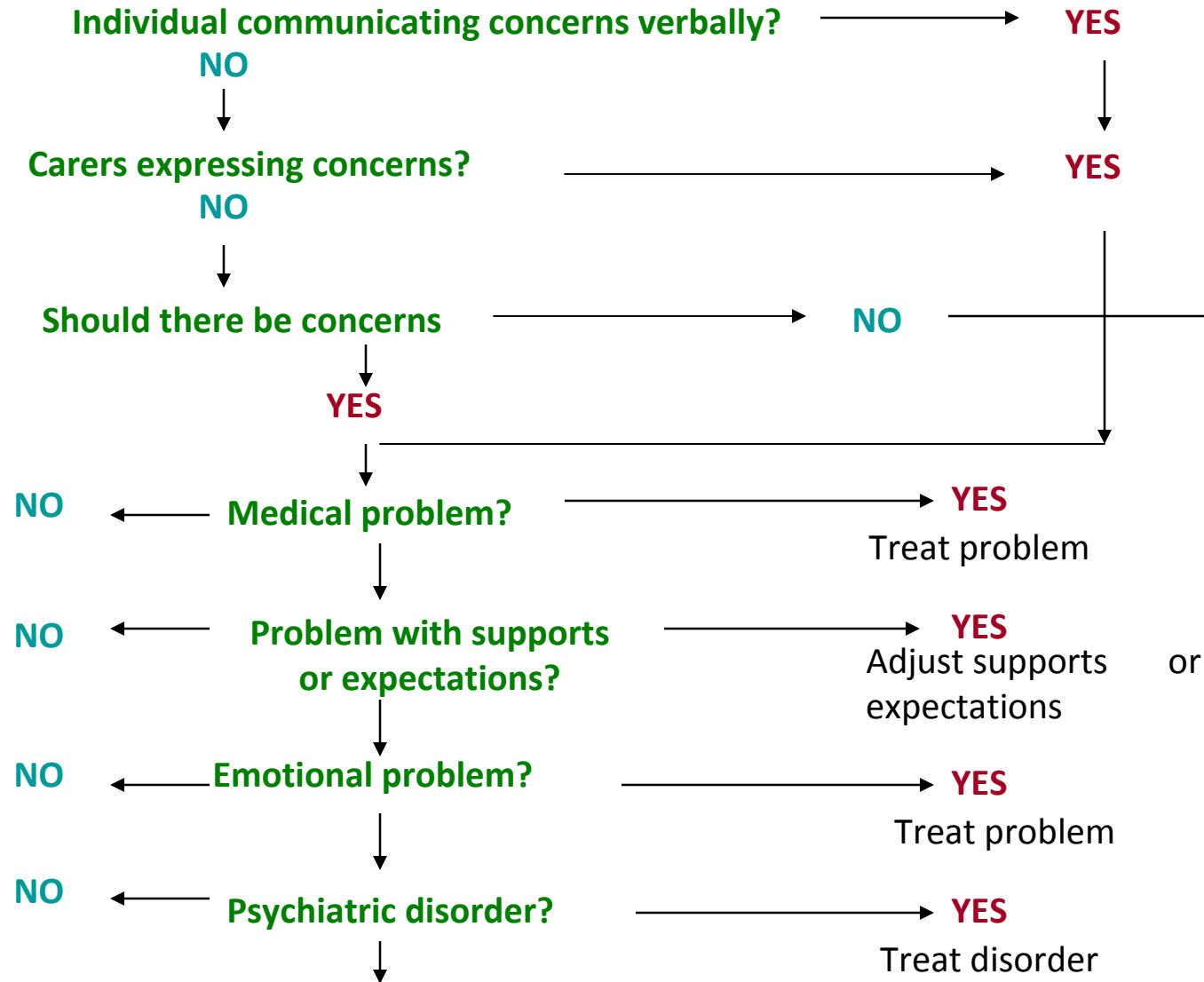


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Diagnostic Formulation of Behavioural Problems

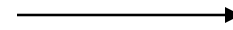
MENTAL HEALTH ASSESSMENT: DECISION TREE



Diagnostic Formulation of Behavioural Problems

MENTAL HEALTH ASSESSMENT: DECISION TREE

Individual communicating concerns verbally?



YES



NO

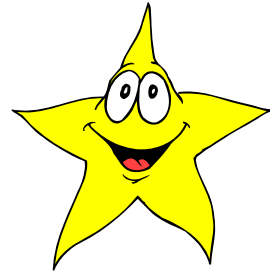
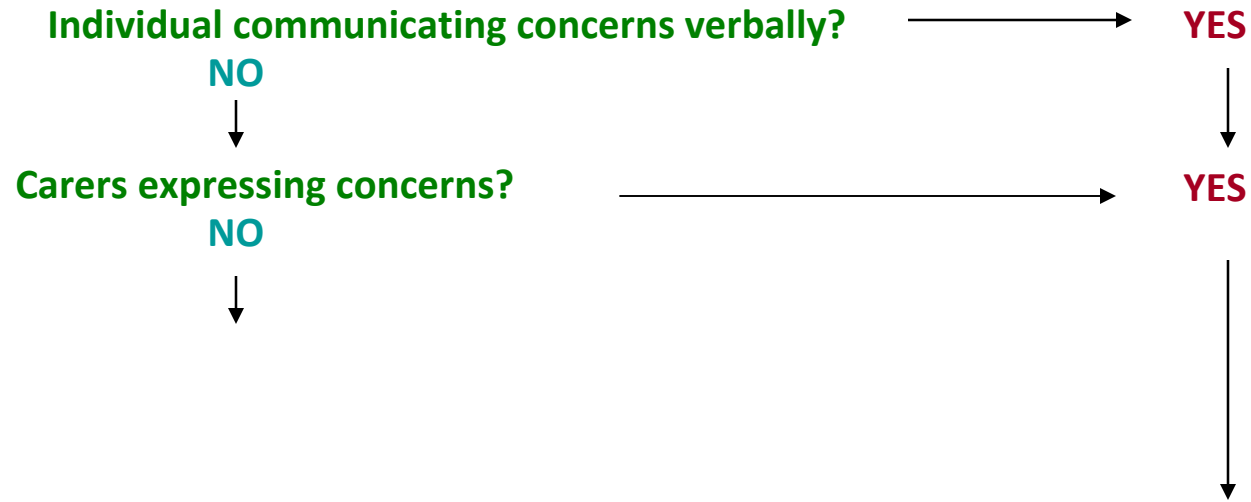
She is not verbally communicating any concerns
Physically she is pulling her hair out mainly at the crown





Diagnostic Formulation of Behavioural Problems

MENTAL HEALTH ASSESSMENT: DECISION TREE

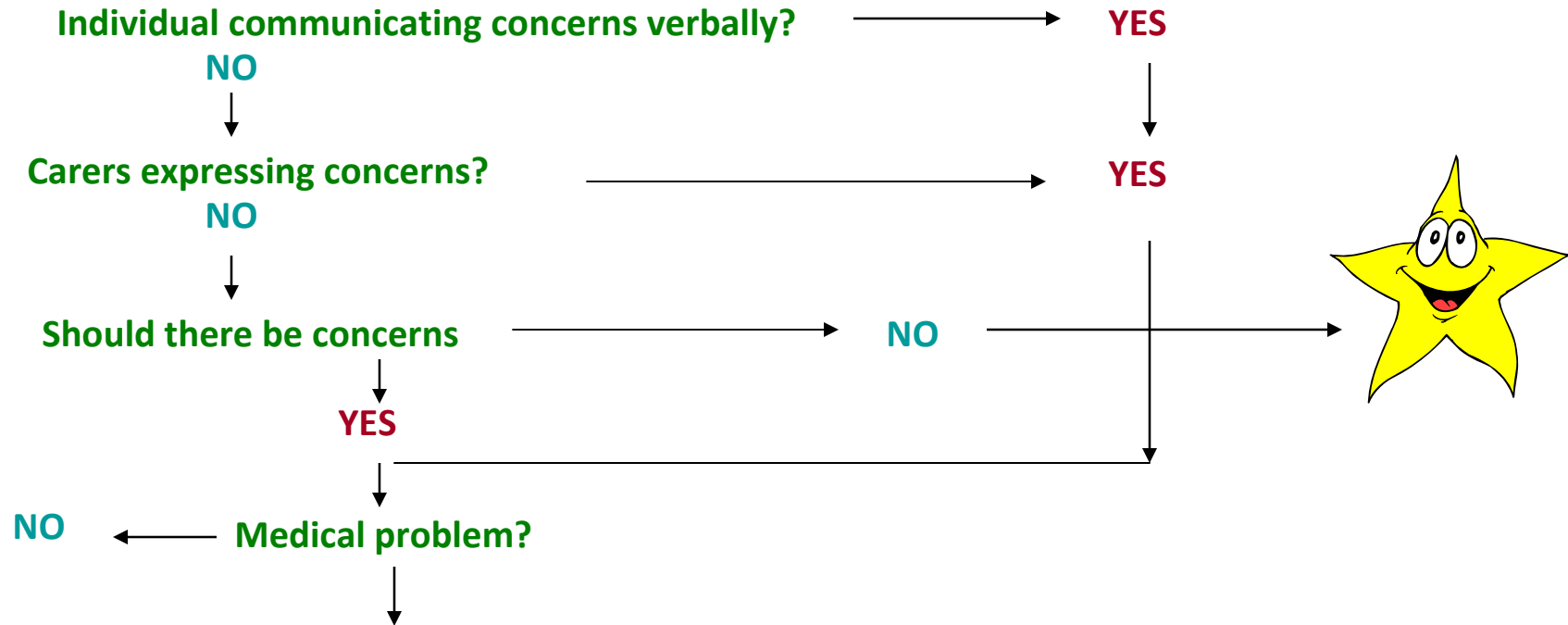


Yes parents and teacher are concerned with the hair pulling as her hair is becoming quite thin



Diagnostic Formulation of Behavioural Problems

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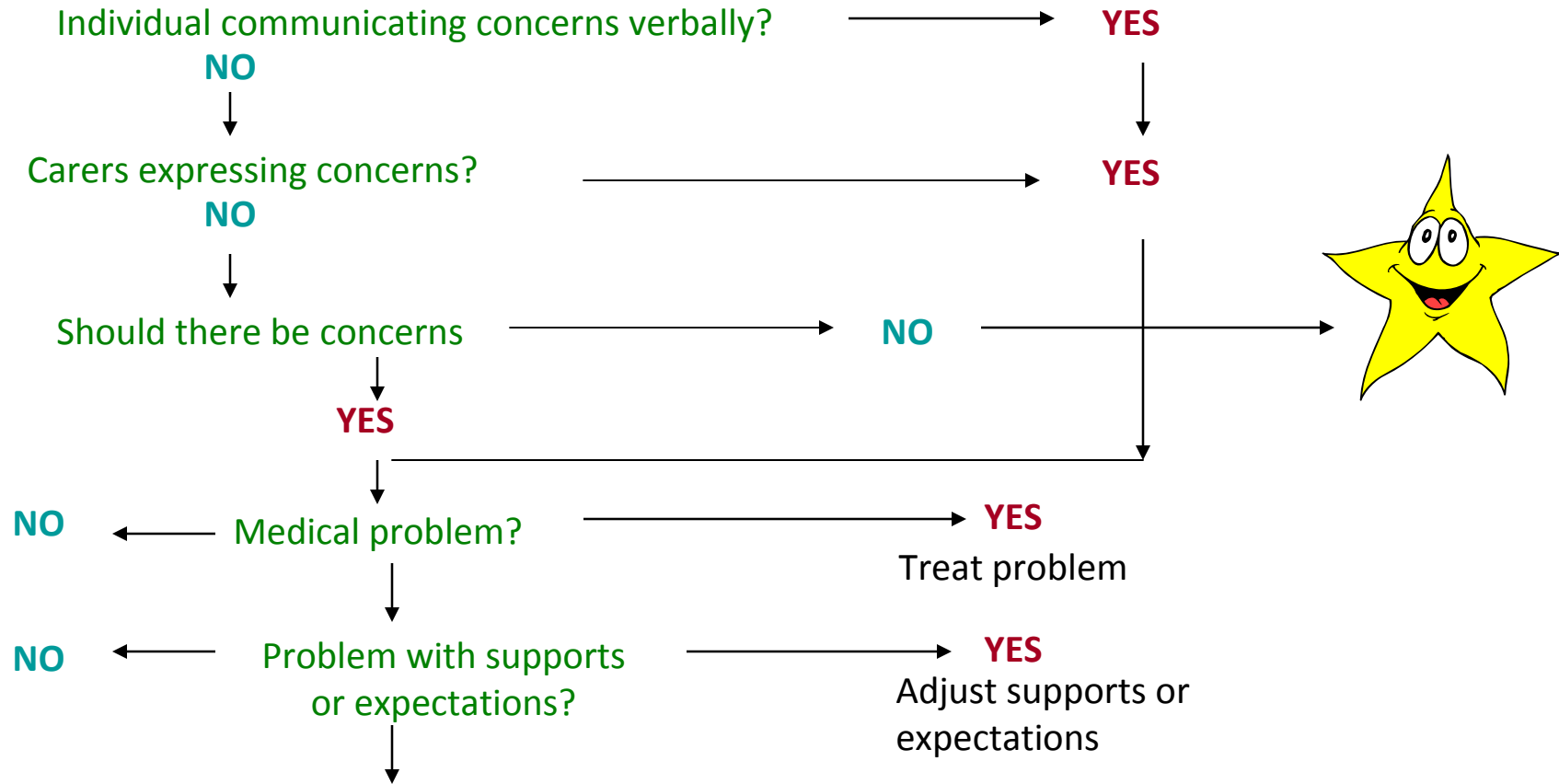


Had appointment with family physician no medical reasons for hair pulling
Referred to dermatologist and no medical reason for the hair loss



Diagnostic Formulation of Behavioural Problems

MENTAL HEALTH ASSESSMENT: DECISION TREE

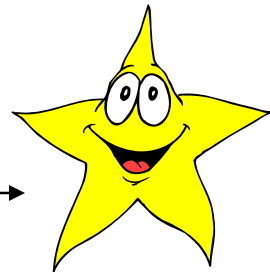
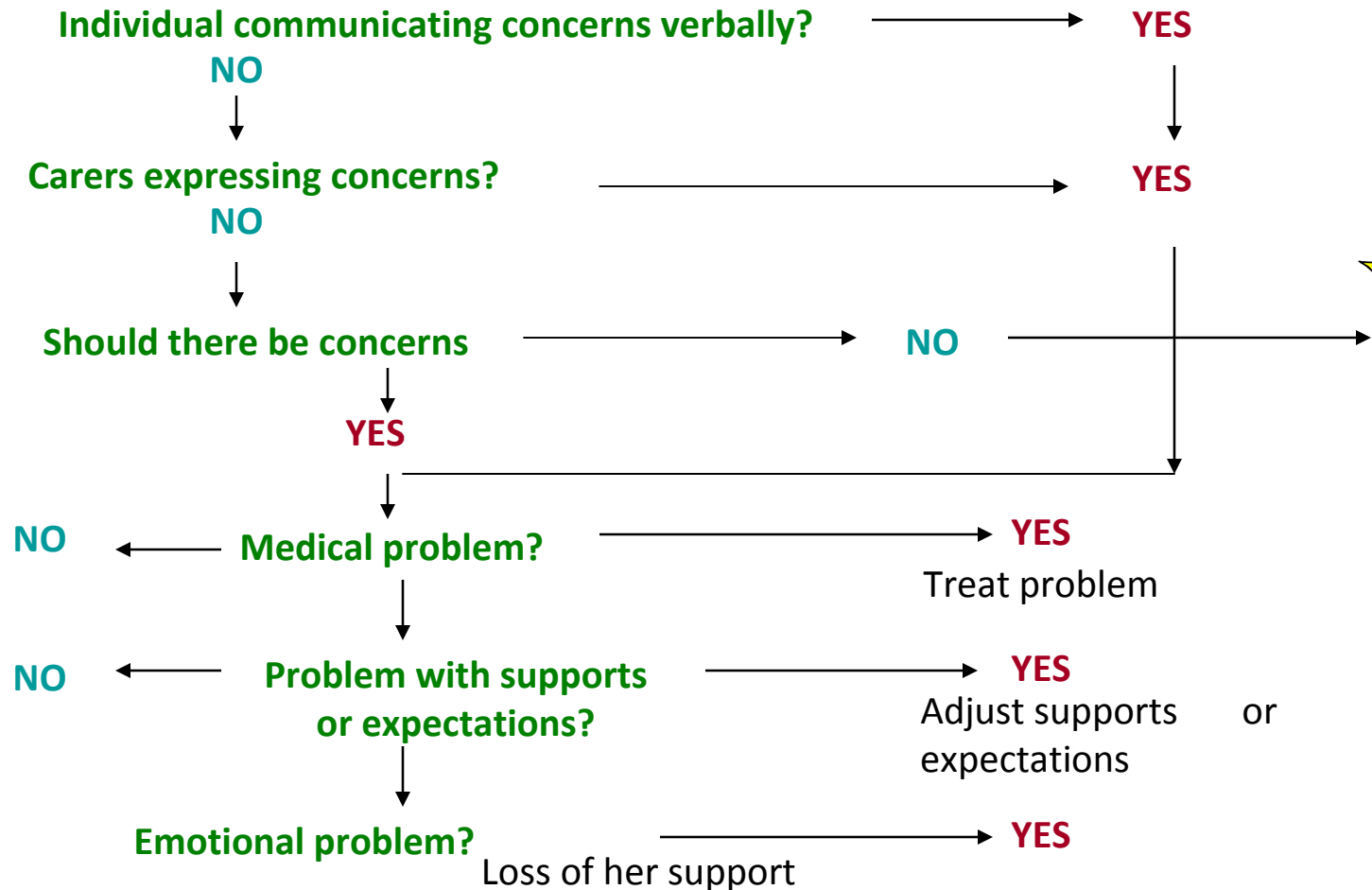


In a space of about one month both of her grandmothers have died- her paternal grandmother was her major support- and her family's as well taking Linda on weekends and for supper during the week- funeral was difficult as Linda did not fully understand – basement is under total renovation with different people in the house - this was her sleeping space – no longer able to sleep there



Diagnostic Formulation of Behavioural Problems

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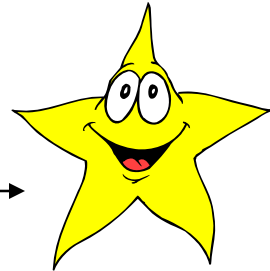
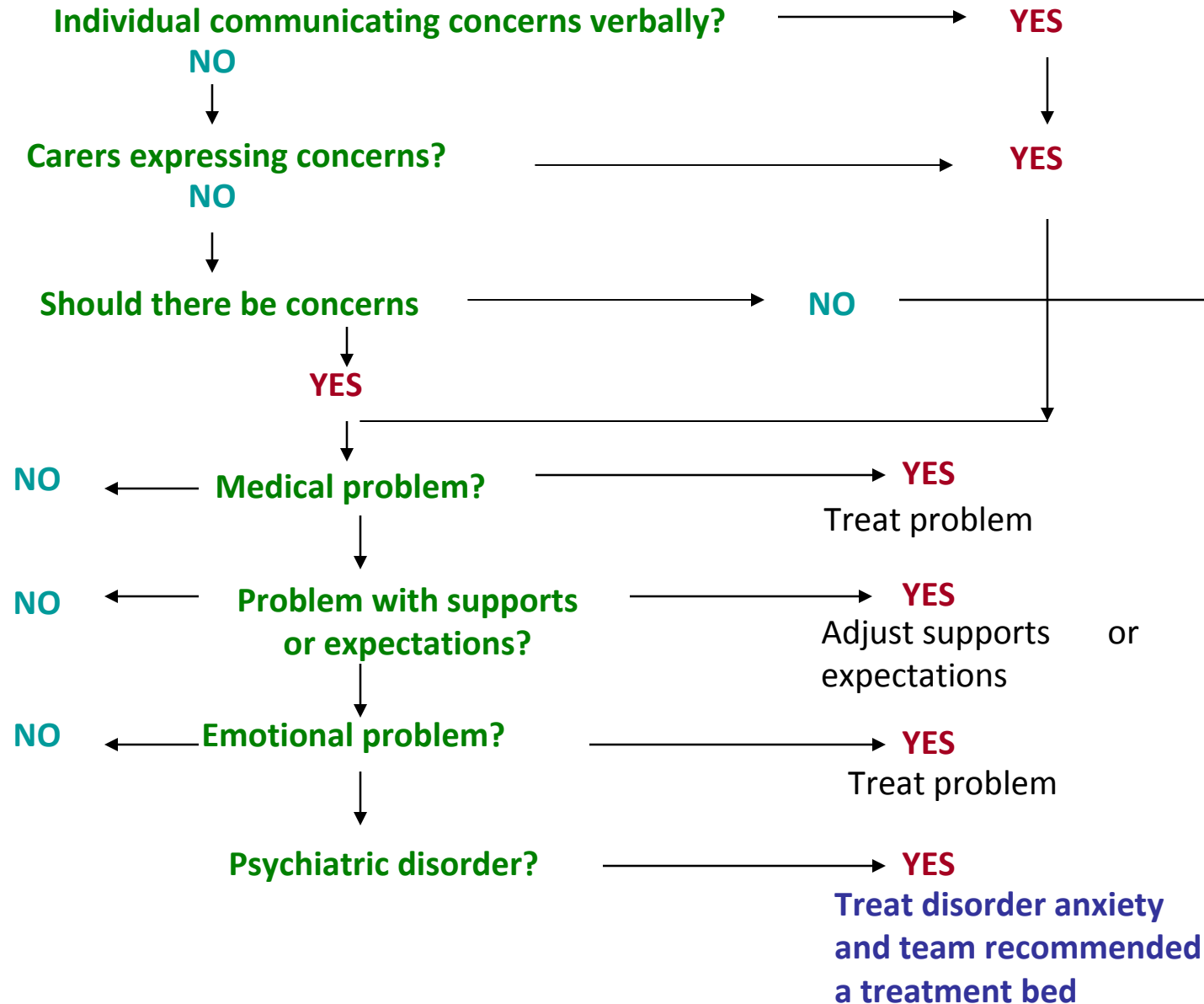


Added consistent support at home through a worker- school was consulted to adjust her schedule and use of a visual schedule so can anticipate her day



Diagnostic Formulation of Behavioural Problems

MENTAL HEALTH ASSESSMENT: DECISION TREE





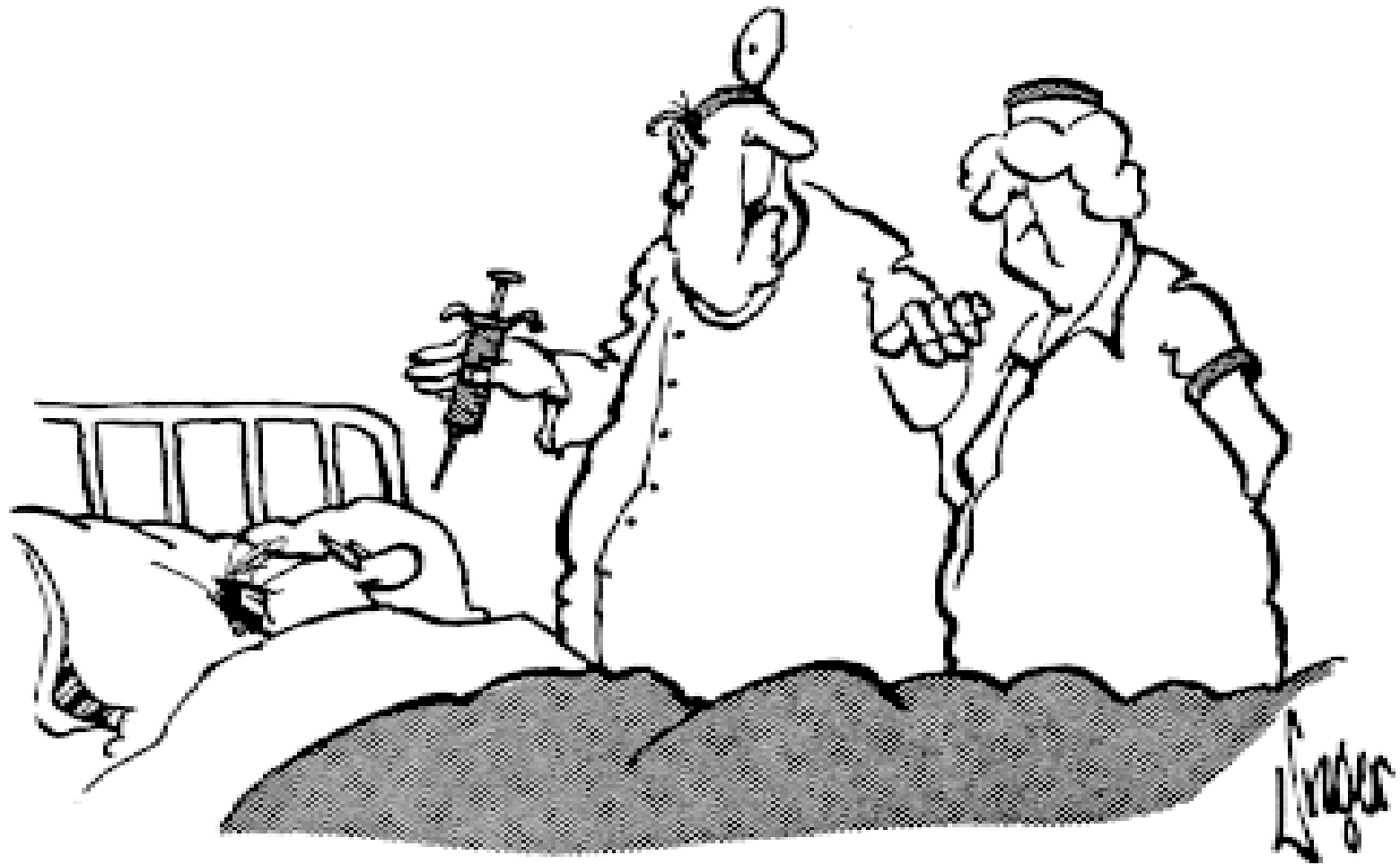
What have we learned from this case and using formulation

- Provides a template to work through all cases especially complex
- Using the formulation helps to logically move through
- Answers the questions from all disciplines involved
- Everyone on the team has input and knowledge
- Rule out physical issues have at the beginning
- May bring to light issues that were not considered
- Team comes together to make sure no stone is left unturned
- Decreases diagnostic overshadowing

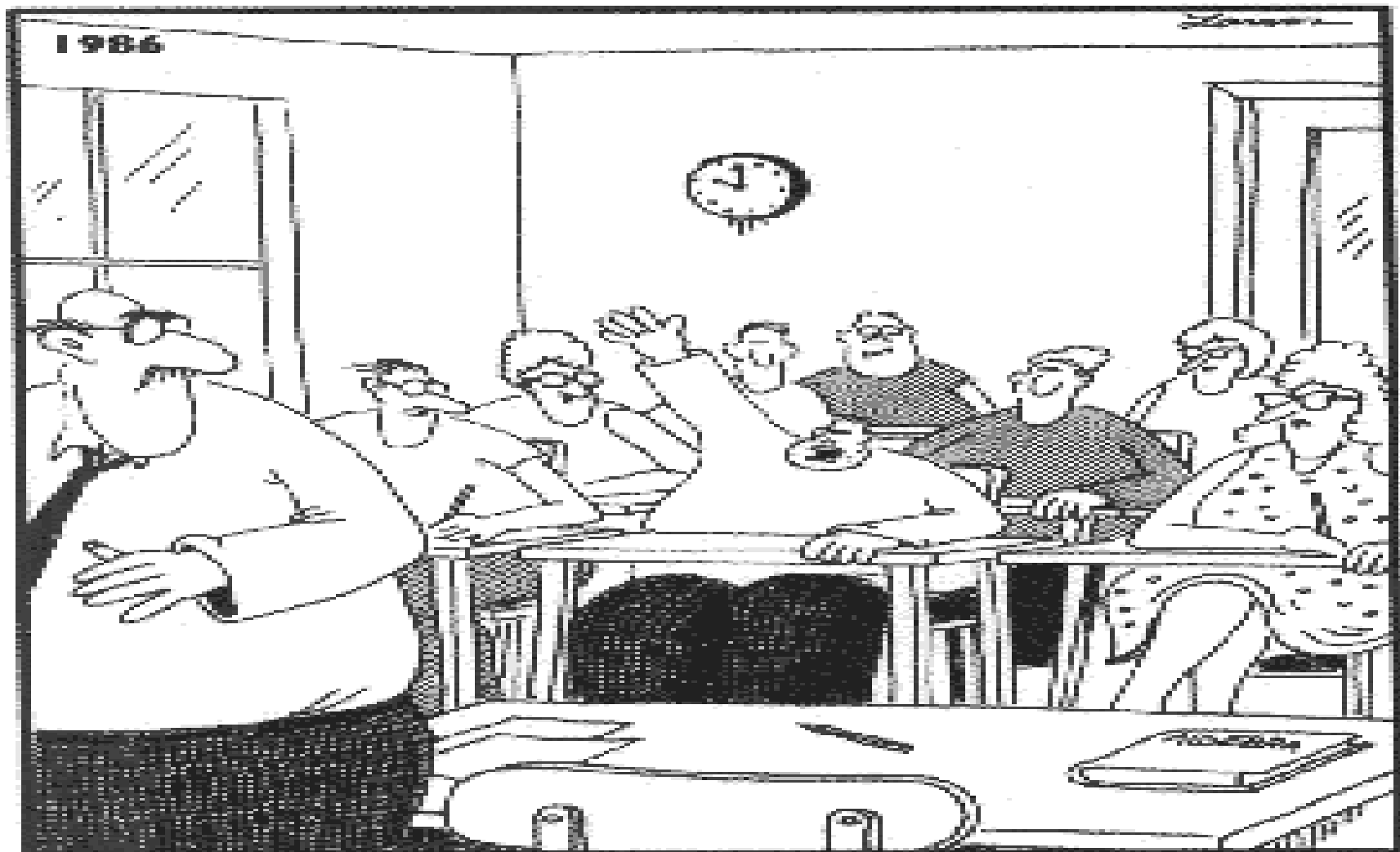


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"I hate giving these injections. Look at my hands shaking."



“Mr. Osborne, may I be excused? My brain is full.”



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